(घ) इस विलम्ब के लिए कौन-कौन से कर्मचारी जिम्मेदार हैं और उनके विरुद्ध की गई कार्यवाही का ब्यौरा क्या है ?

संचार मंत्रालय के राज्य मंत्री (श्री गिरिधर गोमांगो) : (क) 1-4-89 से 30-6-89 तक दिल्ली से बिहार के मधुबनी जिले के लिए सोलह तार मनीआर्डर भेजे गए जिनमें से छः मनीआर्डरों का भुगतान एक सप्ताह के भीतर कर दिया गया था।

(ख) जी हां। मूल तार मनीआर्डर एडवाइस के गुम हो जाने के कारण इस तार मनीआर्डर का भुगतान करने में देरी हो गई थी।

(ग) जी हां।

(घ) (i) स्वामियों के प्रति जिम्मेदारी निर्धारित करने के लिए कार्रवाई शुरू कर दी गई है।

(ii) तार प्रभार की राशि वापस कर दी गई है।

Rural Health Services

1567. SHRI JAGADISH JANI; Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that tha rural health services available in different parts of the country need improvement;

(b) if so, the step3 proposed to be taken to improve infrastructure for health services in the country in general and rural area? of Orissa in particular; and

(c) the scheme^ drawn up in that regard for implementation in 8th Plan?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI RAFIQUE ALAM): (a) Yes, Sir, primary health care services available in different parts of the country, and specially in rural areas need augmentation and improvement. All efforts are being made to strengthen preventive, promotive and curative health care facilities in rural areas through establishment of additional primary health centres, sub-cen-tre$_s$ and community health centres and by providing facilities for training of medical and para medical man power in addition to health education activities through village health guides and trained work attendants.

(b) The following steps have been initiated to achieve this aim:—

1. A scheme for providing one Health Guide for an average of 1000 rural population or one per village.

2. A scheme for providing at least on$_e$ trained Dai i^ every village.

3. A scheme for providing a sub-centre with one male and one female multipurpose worker for every 5,000 rural population in general area and for every 3,000 population in tribal and hilly areas.

4. A scheme for upgrading existing rural dispensaries into Primary Health Centres so as to ultimately have one PHC for every 30,000 rural population in general area and for every 20,000 population in tribal and hilly areas.

5. Creating facilities for treatment in basi$_c$ specialities at upgraded PHCS/Community Heatlth Centres to be established in a phased manner for every one lakh rural popu\ation, serving as a referral institution for every 4 Primary Health Centres.

6. Making other schemes for integrated health services cover for among other things, maternal and child health, immunisation,

family welfare services, control of malaria> Kindness, tuberculosis, leprosy and other communicable diseases, prophylaxis against Vitamin 'A' deficency and anamia, health education and pa-' tient care.

During the first 4 years of the 7th t'lan, 906 Community Health Centres, 8434 Primary Health Centres and 37714 Health Sub-Centres have been established in the country as a whole. During the same period 24 Community Health Centres, 328 Primary Health Centres and 1299 Health Sub-Centres were established in Orissa. Further during 1989-90, establishment of 14,502 Health Sub-Centres, 3578 Primary Health Centres and 297 Community Health Centres are aimed at in the country as a whole. In Orissa, during this period 501 Sub-Centres and 168 Primary Health Centres shall be establish. . ed.

(c) The 8th Five Year Plan document has not yet been finalised.

Targets of family planning

1568. SHRI BAIKUNTHA NATH SAHU:

DR. G. VIJAYA MOHAN REDDY:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what were the target|achievements of family planning programme during the last three years, State-wise;

(b) what was the growth rate of population during the same period and whether the f"" in the growth rate is commensurate with the expectation; and

(c) what further steps Government would take for speedy implementation of the programme and to save the country from population explosion?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI RAFIQUE ALAM): (a) Four Statements giving State-wise and method-wise Family Planning targets and achievements for the years 1986-87, 1987-88 and 1988-89 are given in the Annexure. [See Appendix CLl, Annexure N°-104].

(b) The Natural Growth Rate of population is obtained as difference between birth and death rates as available from Sample Registration System (SRS) of Registrar General, India. The estimates of Natural Growth Rate available for the latest three years viz. 1985, 1986 and 1987 are 2.11 per cent, 2.15 per cent and 2.13 per cent respectively. According to medium fertility assumptions of expert committee on population projections, the projected.level of Growth Rate of population for the quinquennial periods 1981—r-86 and 1986—91 were 2.1 per cent and 1.9 per cent respectively.

(c) To keep the population growth in the country within the manageable limits, we have a well defined strategy which lays emphasis on improving quality of services, enhancing child survival rates through,/ Universal Immunisation Programme, intensifying population education, enhancing community participation, adopting improved communication approaches and involving Voluntary Organisations. Besides, reinforcement of training and retraining of personnel' at the grassroot level, establishing and strengthening linkages with related development programmes like female literacy and improvement of women's status and adoption of greater intensive approach are some of the initiatives being considered as part of the Eighth Plan strategy.

Inquiry Into purchase of HDW submarines from FRG

1569. SHRl M. S. GURUPADASWAMY: Will the Minister of DEFENCE be pleased to state:

(a) whether any progress has been made in the inquiries ordered by Government in the purchase of HDW submarines .from the **FRG**;